V. On-Site PMR/IPR Review

To accomplish the on-site PMR/IPR Review process, the Department contracts with the New Mexico Professional Standards Review Organization. Using Registered Nurses as on-site evaluators with NMPSRO physician participation when appropriate, NMPSRO staff reviews each facility on an annual basis observing 100% of the Title XIX population in the facility as described below. The method employed allows a concentration of effort on those recipients receiving and those facilities delivering what might be presumed to be a quality of care not in accordance with accepted medical standards.

A. Introduction

The on-site review will consist of two stages. Stage I will consist of a rapid review of 100% of the Medicaid population in a facility. This rapid review will be directed towards filtering out those recipient's where a possibility of a lesser degree of quality of care exists.

Stage II will consist of a comprehensive review on the quality of care being rendered to those recipients that have been focused on during Stage I. Theoretically, this will enable the on-site review team to direct their time and efforts towards those facilities where problems or potential problems exist, with the outcome being an improvement in quality of care rendered to all recipients.

B. Stage I

Stage I of the PMR/IPR is a very rapid review of all Medicaid recipients in the facility to determine the absence or presence of a Signal For Review (SFR). This review will be accomplished in two steps.

Before going on-site to a facility, the on-site reviewer will gather information from the abstracts that have been submitted on each resident. This will enable the reviewer to establish the core group sample which will be used for Stage II review. Once in the facility, the reviewer will further screen incident reports and use direct observation of the recipients to further add to or delete from the sample for Stage II review.

Using a combination of the abstracts, on-site review and observation to determine the sample will allow us to assess the accuracy of information being provided on the abstract for level of care and length of stay determinations. Should discrepancies in the accuracy of the abstract exist, corrective action will be taken with the facility.

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June 28, 1982

1. Signal for Review (SFR)

An SFR is simply an event or outcome that leads the reviewer to ask "why did this occur?" The presence of an SFR does not necessarily mean that inadequate care is being rendered by the facility, rather it may be caused by circumstances beyond the facility's control. It is a means by which the reviewer can concentrate on those recipients where potential problems may exist.

a. SNF/ICF SFR Definitions

Accidents/Incidents

In the past 6 months: occurence of a) two or more accidents or b) one accident/incident which led to serious injury.

Behavioral Problems

In the past three months: occurence of behaviors which are uncontrolled, disruptive, and/or dangerous to self and others.

Decubitus Ulcer/Lesions

On the day of the review visit: one or more decubitus ulcers as evidenced by an area of soft tissue breakdown resulting from sustained pressure or other causes.

Contracture (To be used for SNF's only)

On the day of the review visit, one or more contractures. EXCEPTION: treatment is contraindicated.

Lack of Ambulation

In the past three months: decrease in the level of ambulation. EXCEPTION: a permanent or temporarily identified physical impediment which makes ambulation impossible.

Indwelling Urethral Catheter

On the day of the review visit. (ICF's only) Insertion of a catheter in the last three months (SNF only).

Poor Grooming

On the day of the review visit: evidence of poor personal care, failure of the facility to promote or assist in personal care, inappropriate or unclean clothing, unclean immediate environment (bed, chair, room)

Discharge/Transfer

In the past three months: discharge to a higher or lower level of care.

Poor Nutrition

In the past three months: occurrence of unplanned or fluctuating weight changes, emaciation, dehydration, edema, constipation and other nutritional problems.

Contagious Infections

In the past three months: presence of a contagious infection.

Incontinence

In the past three months: indication that recipient should be receiving bowel and bladder retraining. EXCEPTION: Physical or mental impairment that prohibits successful retraining.

Therapies

In the past three months: recipient has received physical, ocupational or speech therapy.

b. ICF/MR SFR Defintions

Accident/Incidents

In the past three months: occurrence of a) two or more accidents/incidents; or b) one accident/ incident which led to serious injury.

Behavioral Problems

In the past three months: occurrence of behaviors which are uncontrolled, disruptive, and/or dangerous to self, others, or the facility environment.

Decubitus Ulcer/Lesions

On the day of the review visit: one or more decubitus ulcers as evidenced by an area of soft tissue breakdown resulting from sustained pressure or other causes.

Poor Eating Habits

On the day of the review visit: failure of the facility to promote or assist in teaching of self feeding, failure to provide adaptive eating equipment.

Poor Grooming

On the day of the review visit: evidence of poor personal care, failure of the facility to promote or assist in personal care; unappropriate, unclean or poorly maintained clothing.

Contagious Infections

In the past three months: presence of a contagious infection.

Annual Physical

Lack of an annual physical examination.

Interdisciplinary Program Plan (IPP)

Lack of an updated IPP.

2. Focusing methodology

All recipients who have an indication of one or more SFR's will go into the focused populace for which comprehensive review of quality of care will be performed.

C. Stage II

Stage II of the process is directed toward assessment of the resident's status, the clinical record of his/her treatment, services, and progress, and the facility's overall ability to delivery quality care. This is carried out during each facility assessment visit to insure that Title XIX LTC residents throughout New Mexico are receiving proper medical, nursing, personal, social and rehabilitative services at a level of care appropriate to their needs which met local standards for care.

These review program objectives will be met by on-site quality of care assessment by professionals with knowledge and expertise in the various fields of nursing but particularly in medical and geriatric areas. The NMPSRO on-site evaluators shall be Registered Nurses with NMPSRO physician participation, when appropriate.

A. Review of Title XIX Residents' Record to evaluate the following standards:

1. Physician Participation - Frequency of visits by attending physician, physical examinations, medical treatment, medical plans of care, medications ordered, response to request for medical attention, etc.

2. Nurses Participation - Nursing observations, notes, documentation of unusual events and illnesses, treatment, plans of care, response to medications, etc.

3. Treatments and Medications - Facility handling, distribution, and ordering of medication, etc.

4. Laboratory Work - Insure that studies ordered by the physician are carried out as ordered and that abnormal values are reported immediately to the attending physician and appropriately noted by the nurses.

5. Diets - Insure that there is a dietetic care plan written by a dietician and that the resident's reactions to therapeutic diets are recorded and that special diets are ordered when necessary and carried out properly by facility dietary personnel.

6. Health Care Plans - Insure that the plans are goal oriented, that the individual resident's problems and solutions to those problems are stated in multidisciplinary terms, and that the plans are revised as needed, including the discharge plan.

B. Conduct a personal interview and clinical nursing examination of the Title XIX resident population sample on each visit to determine the following:

1. That no life threatening/endangering situation exists.

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2. Adequacy of nursing care through observed prevention of skin breakdown; care of decubiti, signs of malnutrition or dehydration, personal hygiene, use and positioning of restraints, etc.

3. The type and quality of restorative care being administered.

4. The mental and psycho-social functioning of each resident.

5. The resident's response to the facility's program.

6. The competency of health care personnel who are carrying out the prescribed plans of care.

7. The abilities and disabilities of the resident.

C. Assess the level of care needed by each resident as indicated by his/her physical and mental condition, as to the following levels:

1. Actue Care Level
2. Skilled Care Level
3. Intermediate Care Level
4. Non-medical Setting (Residential Care/Boarding Home/Home)

D. Review and evaluate the environment of the facility to insure that it does not adversely affect the facility's capability to render quality care. The following areas will be assessed:

1. General cleanliness and sanitation
2. Utilization of dining area during meals
3. Staffing ratio
4. Physical Therapy Department/Services
5. Bathrooms
6. Living area for adequacy of space
7. Activities area
8. Laundry Area
9. Medication and Treatment Rooms

E. Reports

After Stage II of the process is completed all the findings shall be compiled preliminarily and reported verbally to the administration and staff of the facility in an exit interview. This is an ideal time for

both parties to clarify issues and to consider on-site findings, agree upon what areas should be targeted for improvement in services delivery, and how to best implement any needed changes, and a future date set for successfully implementing any changes.

The NMPSRO on-site evaluation process is an assessment "tool" and the evaluator(s) may provide advice and recommendations, including referral of non-XIX matters to appropriate agencies. Problems, actual or potential, and approaches to problem management will be discussed during the exit interview concerning any areas relating to the quality of care and welfare of the residents.

After returning to the NMPSRO office, the on-site evaluator(s) shall compile the information obtained from individual resident assessments during the on-site assessment and complete a facility report. A copy of this report shall be distributed to the State Licensing and Certification Agency, the Title XIX State Agency, and the LTC facility Administrator.

The Title XIX State Agency will review the reports and request a plan of correction with reasonable time frames to implement such correction.

V. Coordination with Licensing and Certification

Copies of all on-site review reports will be forwarded to Licensing and Certification. When possible on-site review will be scheduled to fall approximately 4 to 6 weeks prior to the annual Certification Survey. This will enable the Certification Survey team to focus in on those areas where known problems and possible non-compliance to Standards of Participation exist.

Should the on-site review indicate that substantial non-compliance to Federal Standards exists, an Exception Report will be prepared. The State Agency will act upon the exception report by requesting that Licensing and Certification perform an immediate re-survey of the facility.

VI. Monitoring of PSRO Performance

The State Agency will carry out formal monitoring of the PSRO performance under the contractural arrangement. A copy of the monitoring plan is attached.

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C. REVIEW OF CARE PROVIDED TO RECIPIENTS ON AN AMBULATORY BASIS

1. Retrospective Review

Operate a retrospective professional review system based on focused review of Medicaid ambulatory services. This ambulatory care review system will involve retrospective analysis of providers' practice patterns. Claims as determined necessary by MAB will be subjected to prepayment screening and review. Claims subjected to this method of review will represent a fraction of claims submitted thus allowing the majority of claims to flow rapidly through the claims processing system. In implementing the overall review approach, NMPSRO will have access to the Medicaid data base in order to obtain reports which contain information concerning medical procedures, providers and patients.

2. Prepayment Review

Place upon prepayment review the claims of any provider whose practice pattern, in the opinion of the MAB, shows an identified overutilization of Medicaid ambulatory services. Such review will be conducted by review physicians and will result, to the extent appropriate, in the denial or adjustment of claims payment. In the event that serious and/or chronic practice problems are identified (such as overutilization or underutilization of services, inappropriate medications, etc.), the Ambulatory Review Committee may contact the provider and undertake the proper educational activities. Any provider placed on prepayment review will be monitored by the MAB. Such action will cease when it is determined that his/her practice pattern falls within established quality and utilization parameters or for a specific time frame designated by the MAB. PSRO also performs prepayment review on claims failing medicaid payment edits, such as those for emergency room services.

3. Prior Approvals

Administer system of prior approval by means of ongoing review for certain ambulatory services and supplies in the following areas:

a. Vision
b. Psychiatric and Psychological
c. Home Health Agency
d. Elective Outpatient
e. Rehabilitative
f. Prosthetic
g. Orthotic
h. Medical Equipment and Supplies
i. Dental
j. Selected Inpatient surgeries which can be provided on an outpatient bas in most circumstances
k. Podiatric

Determine the medical necessity for, and the appropriateness of, certain ambulatory services and supplies in the areas specified in a through k above, in accordance with the Department's medical assistance regulations.

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Utilizing a professional standards review system, review retrospectively all claims for certain ambulatory services and supplies in the areas specified in a through i above; such review to be limited to those claims for which prior approval ordinarily is required but, due to circumstances beyond the control of the provider, was not obtained and the requirement for prior approval has been waived by MAB.

In addition to these services, the NMPSRO provides the Department with professional assistance in evaluating medical necessity of new and/or established therapeutic procedures, within the constraints of the regulations in the State's medical assistance manual.

PART II - UTILIZATION REVIEW ACTIVITIES OF THE STATE AGENCY

A. S/UR SUBSYSTEM

1. Objectives

Primary objectives in implementing the S/UR Subsystem are as follows:

a. Develop a comprehensive statistical profile of health care delivery and utilization patterns of provider and recipient participants in the services covered by New Mexico's medicaid program.

Identify and investigate potential misutilization, and promote correction of actual misutilization of the Medicaid Program on the part of either provider or recipient.

Provide information to assist in detection and investigation of potential problems in the quality and quantity of medical services provided under the medicaid program.

2. Methods for developing essential information

a. The State uses the S/UR subsystem of the federal MMIS.

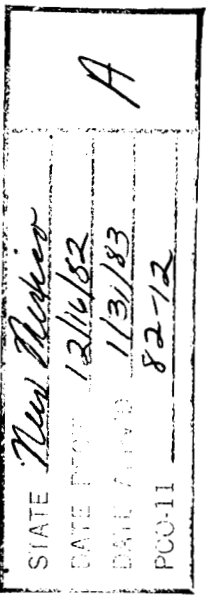
b. The State also uses certain MARS ranking reports to select providers for review. As of October 1978 the State has available and is using all elements of the SURS subsystem.

3. Procedures for using S/UR information

Qualified staff of the Medical Assistance Bureau.

a. Select appropriate S/UR reports as specified in 2, above.

b. Develop statistical profiles of health care delivery and utilization patterns, identify potential misutilization, identify defects in quality and quantity of services provided under the New Mexico Title XIX Program.



c. Carry out recommendations based on findings from S/UR reports and related factors; such recommendations to be consonant with New Mexico statutes, New Mexico Medicaid policies and procedures, federal statutes, federal Medicaid rules, regulations, and guidelines, and sound medical practice.

d. Coordinate with Legal Services Bureau of DHS on all matters involving legal aspects, including rights of recipients. Coordinate fully with A.G.'s office on all matters involving legal aspects including rights of providers.

e. Coordinate with local Income Support and Social Service staff as indicated in work with recipients and providers.

f. Coordinate with appropriate professional organizations as indicated in work with providers.

g. Support the NMPSRO and the fiscal agent in their efforts to use educational and counseling approaches as the method of choice in dealing with most problems.

h. Arrange for further corrective action if necessary, such as but not limited to:

(1) Recipient may be brought under the Medical Management Program. (See Section C, below for discussion of the Medical Management Program),

(2) Provider may be asked to refund payment received for inappropriate services,

(3) Provider may be suspended from Medicaid participation,

(4) Provider may be referred to his professional association,

(5) Provider may be referred to his state licensing board,

(6) Provider may be referred to law enforcement authorities for prosecution for fraud.

B. Drug Utilization Review

Medical Assistance Bureau professional staff from the Operations and S/URS Sections perform utilization review of the Title XIX Drug Program. They review drug program policies and make recommendations to the Bureau on methods to ensure a quality drug

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